No. W 62151	D	Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	S & M DISTR MARC TRIVI 411 HARVES	Annual Report Form 1. Mailing Address: Correct in this box if needed. S & M DISTRIBUTING, LLC MARC TRIVELPIECE 411 HARVEST DR MOSCOW ID 83843		MARCUS TRIVELPIECE 411 HARVEST DR MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:						
2000 2000 000 000 000 000 000 000 000 0		ses of at least one Member or Manager.					
Office Held Name	_	Street or PO Address	City	State	Country	Postal Code	
	CUS TRIVELPIECE CEY TRIVELPIECE	411 HARVEST 411 HARVEST	MOSCOW MOSCOW	ID ID	USA USA	83843 83843	
5. Organized Under the Laws of	: 6. Annual Repo	6. Annual Report must be signed.*					
ID ID	Signature: M	Signature: Marc Trivelpiece		Date: 05/15/2013			
W 62151	Name (type	Name (type or print): Marc Trivelpiece		Title: Member			
Processed 05/15/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					